

City of Mt. Vernon, Indiana

Office of the Clerk-Treasurer

520 Main Street

Mt. Vernon, Indiana 47620

(812) 838—3317

Application for Heavy Hauling Permit

Required by Ordinance No. 10 - 08

INSTRUCTIONS

1. Complete Permit Application
2. Submit completed application and appropriate fee to Clerk-Treasurer's Office
3. Board of Public Works and Safety must consider permit application. Board meets alternating Thursdays at 4:00 p.m. at the City Hall Annex, 520 Main Street, Mt. Vernon, Indiana 47620. No transport may be made without Board of Public Works & Safety approval.
4. Attach a completed and submitted copy of Indiana form M-233, M-201, or M-203 as applicable, to application.

REQUIREMENTS

1. Permit, if approved, must be carried in or on the vehicle on the date(s) of transport and be open to inspection by law enforcement.
2. Transport is limited to one-half (1/2) hour before sunrise to no later than one-half (1/2) hour after sunset.
3. Transporter shall be responsible for all damage resulting from the transport.
4. Contact the Mt. Vernon Police Department Twenty-four (24) hours prior to transport. Contact number is (812) 838 - 8705.

APPLICANT INFORMATION

Company Name _____ Contact Person _____

Address _____ Phone Number (____) _____

City _____ State _____ Zip Code _____ Fax Number (____) _____

FEIN# / SS# _____ Email _____

Date of Application ____/____/____

VEHICLE INFORMATION

VIN # _____ Year of Tractor _____ Make of Tractor _____

State Licensed _____ License Plate # _____ Load Serial # _____

Vehicle Description (*check all that apply*)

☐ Tractor-Trailer ☐ Truck-Trailer ☐ Self Propelled Equipment ☐ Fifth Wheel Hook-up
☐ Truck ☐ Auto/Trailer ☐ Other/ Towed ☐ Rear Steerable Axle

Vehicle Dimensions

Overall Length: _____ Width: _____ Height: _____

Total Gross Weight: _____ Trailer & Load Length: _____

Loaded Axle Weights _____ / _____ / _____ / _____ / _____

Number of Axles _____ / _____ / _____ / _____ / _____

Axle Spacing _____ / _____ / _____ / _____ / _____

Tire Size _____ / _____ / _____ / _____ / _____

Tires per axle _____ / _____ / _____ / _____ / _____

Width between Tires _____ / _____ / _____ / _____ / _____

INSURANCE / BOND INFORMATION

Name of Insurance or Bond Company _____

Address _____

Phone Number (____) _____ Insurance Contact Person _____

Policy Limits _____

Policy Number _____

Bond Amount \$ _____ Bond Type _____

ROUTE AND LOAD INFORMATION

Description of Load _____

Check if Applicable: ☐ Stacked ☐ Side by Side ☐ End to End ☐ Nested ☐ Single _____

Place of Origin _____ Destination _____ Mileage _____

Proposed Route _____

PERMIT INFORMATION

Type Permit (*choose one*): ☐ Single Trip/Daily (\$50.00) ☐ One year/Annual (\$150.00)

Trip Beginning Date _____ Trip Ending Date _____

Date(s) Heavy/Oversize load will be in Mt. Vernon, IN _____

I SWEAR or AFFIRM under penalties of perjury that the foregoing representations are true.

"Applicant"

Print name _____

Position _____

STATE OF _____)
COUNTY OF _____) SS:

Before me, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the foregoing, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notarial seal this _____ day of _____, 20____.

My Commission Expires:

_____, Notary Public

OFFICE USE ONLY

Board Approved _____ Board Denied _____ Daily _____ Annual _____ Payment: \$ _____ \$/Check # _____

Date _____/_____/20____

Permit valid for transport on _____, 20____

Permit valid for annual transport between _____, 20____ and _____, 20____

Additional Bond Required by Board _____

Additional Requirements _____

Clerk-Treasurer (SEAL)